General Assembly

Raised Bill No. 6518

January Session, 2013

LCO No. **3111**

Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING EMERGENCY MEDICAL SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

The commissioner shall:

(1) With the advice of the Office of Emergency Medical Services established pursuant to section 19a-178, as amended by this act, **[**and of an advisory committee on emergency medical services and with the benefit of meetings held pursuant to subsection (b) of section 19a-184**]** adopt every five years a state-wide plan for the coordinated delivery of emergency medical services;

(2) License or certify the following: (A) Ambulance operations, ambulance drivers, emergency medical technicians and communications personnel; (B) emergency room facilities and communications facilities; and (C) transportation equipment, including land, sea and air vehicles used for transportation of patients to

emergency facilities and periodically inspect life saving equipment, emergency facilities and emergency transportation vehicles to insure that state standards are maintained;

(3) Annually inventory emergency medical services resources within the state, including facilities, equipment, and personnel, for the purposes of determining the need for additional services and the effectiveness of existing services;

[(4) Review and evaluate all area-wide plans developed by the emergency medical services councils pursuant to section 19a-182 in order to insure conformity with standards issued by the commissioner;**]**

[(5)**]** (4) Within thirty days of their receipt, review all grant and contract applications for federal or state funds concerning emergency medical services or related activities for conformity to policy guidelines and forward such application to the appropriate agency, when required;

[(6)**]** (5) Establish such minimum standards and adopt such regulations in accordance with the provisions of chapter 54, as may be necessary to develop the following components of an emergency medical service system: (A) Communications, which shall include, but not be limited to, equipment, radio frequencies and operational procedures; (B) transportation services, which shall include, but not be limited to, vehicle type, design, condition and maintenance, and operational procedure; (C) training, which shall include, but not be limited to, emergency medical technicians, communications personnel, paraprofessionals associated with emergency medical services, firefighters and state and local police; and (D) emergency medical service facilities, which shall include, but not be limited to, categorization of emergency departments as to their treatment capabilities and ancillary services;

[(7)**]** (6) Coordinate training of all personnel related to emergency

medical services;

[(8)**]** (7) (A) Not later than October 1, 2001, develop or cause to be developed a data collection system that will follow a patient from initial entry into the emergency medical service system through arrival at the emergency room and, within available appropriations, may expand the data collection system to include clinical treatment and patient outcome data. The commissioner shall, on a quarterly basis, collect the following information from each licensed ambulance service or certified ambulance service that provides emergency medical services: (i) The total number of calls for emergency medical services received by such licensed ambulance service or certified ambulance service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call; (iii) the response time for each licensed ambulance service or certified ambulance service during the reporting period; (iv) the number of passed calls, cancelled calls and mutual aid calls during the reporting period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The information required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service or certified ambulance service and approved by the commissioner, provided the commissioner shall take into consideration the needs of such licensed ambulance service or certified ambulance service in approving such written or electronic form. The commissioner may conduct an audit of any such licensed ambulance service or certified ambulance service as the commissioner deems necessary in order to verify the accuracy of such reported information.

[(B) The commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, that shall include, but not be limited to, the following information: (i) The total number of calls for emergency medical

services received during the reporting year by each licensed ambulance service or certified ambulance service; (ii) the level of emergency medical services required for each such call; (iii) the name of the provider of each such level of emergency medical services furnished during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service or certified ambulance service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such information for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications.**]**

[(C)**]** (B) If any licensed ambulance service or certified ambulance service does not submit the information required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service or certified ambulance service knowingly or intentionally submitted incomplete or false information, the commissioner shall issue a written order directing such licensed ambulance service or certified ambulance service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing information or such corrected information as the commissioner may require. If such licensed ambulance service or certified ambulance service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in accordance with chapter 54, at which such licensed ambulance service or certified ambulance service shall be required to show cause why the primary service area assignment of such licensed ambulance service or certified ambulance service should not be revoked, and (ii) may take such disciplinary action under section 19a-17 as the commissioner deems appropriate.

[(D)**]** (C) The commissioner shall collect the information required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from each person or emergency medical service organization licensed or certified under section 19a-180, as amended by this act, that provides emergency medical services;

[(9)**]** (8) (A) Establish rates for the conveyance of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance service shall not include emergency air transport services.

(B) Adopt regulations, in accordance with the provisions of chapter 54, **[**establishing**]** concerning methods for setting rates and conditions for charging such rates. **[**Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services and certified ambulance services that apply for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information

with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services and certified ambulance services that do not apply for a rate increase in any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than July fifteenth of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service or certified ambulance service that is not applying for a rate increase, a written declaration by such licensed ambulance service or certified ambulance service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services and certified ambulance services to support a request for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service or certified ambulance service.**]** Such regulations shall include a description of circumstances under which the commissioner may change such methods for setting rates and the conditions for charging such rates.

(C) Establish rates for licensed ambulance services and certified ambulance services for the following services and conditions: (i) "Advanced life support assessment" and "specialty care transports", which terms shall have the meaning provided in 42 CFR 414.605; and (ii) intramunicipality mileage, which means mileage for an ambulance transport when the point of origin and final destination for a transport is within the boundaries of the same municipality. **[**The rates

established by the commissioner for each such service or condition shall be equal to (I) the ambulance service's base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two hundred twenty-five per cent of the ambulance service's established base rate for specialty care transports; and (III) "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied by the ambulance service's established rate for intramunicipality mileage.**]** Such rates shall remain in effect until such time as the commissioner establishes a new rate schedule; **[**as provided in this subdivision;**]**

[(10)**]** (9) Research, develop, track and report on appropriate quantifiable outcome measures for the state's emergency medical services system and submit to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on or before July 1, 2002, and annually thereafter, a report on the progress toward the development of such outcome measures and, after such outcome measures are developed, an analysis of emergency medical services system outcomes;

[(11)**]** (10) Establish primary service areas, **[**and assign in writing a primary service area responder for each primary service area;**]** provided each state-owned facility or campus that employs or contracts with a provider to provide emergency medical services solely for the facility or campus shall be a single primary service area; and

[(12) Revoke primary services area assignments upon determination by the commissioner that it is in the best interests of patient care to do so; and**]**

[(13)**]** (11) Annually issue a list of minimum equipment requirements for ambulances and rescue vehicles based upon current national standards. The commissioner shall distribute such list to all emergency medical services organizations and sponsor hospital

medical directors and make such list available to other interested stakeholders. Emergency medical services organizations shall have one year from the date of issuance of such list to comply with the minimum equipment requirements.

Sec. 2. Section 19a-178 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) There shall be established within the Department of Public Health an Office of Emergency Medical Services. The office shall be responsible for program development activities, including, but not limited to: (1) Public education and information programs; (2) administering the emergency medical services equipment and local system development grant program; (3) planning; (4) regional council oversight; and (5) training. **[**; and (6) providing staff support to the advisory board.**]**

(b) The Office of Emergency Medical Services shall adopt a five-year planning cycle for the state-wide plan for the coordinated delivery of medical emergency services required by subsection (a) of this section. The plan shall contain: (1) Specific goals for the delivery of such emergency medical services; (2) a time frame for achievement of such goals; (3) cost data and alternative funding sources for the development of such goals; and (4) performance standards for the evaluation of such goals.

(c) Not later than July 1, 2001, the Office of Emergency Medical Services shall **[**, with the advice of the Emergency Medical Services Advisory Board established pursuant to section 19a-178a and the regional emergency medical services councils established pursuant to section 19a-183,**]** develop model local emergency medical services plans and performance agreements to guide municipalities in the development of such plans and agreements. In developing the model plans and agreements, the office shall take into account (1) the differences in the delivery of emergency medical services in urban,

suburban and rural settings, (2) the state-wide plan for the coordinated delivery of emergency medical services adopted pursuant to subdivision (1) of section 19a-177, as amended by this act, and (3) guidelines or standards and contracts or written agreements in use by municipalities of similar population and characteristics.

Sec. 3. Section 19a-179a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

Notwithstanding any provision of the general statutes or any regulation adopted pursuant to this chapter, the scope of practice of any person certified or licensed as an emergency medical technician, advanced emergency medical technician or a paramedic under regulations adopted pursuant to section 19a-179 may include treatment modalities not specified in the regulations of Connecticut state agencies, provided such treatment modalities are (1) approved by **[**the Connecticut Emergency Medical Services Medical Advisory Committee established pursuant to section 19a-178a and**]** the Commissioner of Public Health, and (2) administered at the medical oversight and direction of a sponsor hospital, as defined in section 28-8b.

Sec. 4. Section 19a-180 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) No person shall operate any ambulance service, rescue service or management service without either a license or a certificate issued by the commissioner. No person shall operate a commercial ambulance service or commercial rescue service or a management service without a license issued by the commissioner. A certificate shall be issued to any volunteer or municipal ambulance service which shows proof satisfactory to the commissioner that it meets the minimum standards of the commissioner in the areas of training, equipment and personnel. No license or certificate shall be issued to any volunteer, municipal or commercial ambulance service, rescue service or management service,

as defined in subdivision (19) of section 19a-175, unless it meets the requirements of subsection (e) of section 14-100a. Applicants for a license shall use the forms prescribed by the commissioner and shall submit such application to the commissioner accompanied by an annual fee of two hundred dollars. **[**In considering requests for approval of permits for new or expanded emergency medical services in any region, the commissioner shall consult with the Office of Emergency Medical Services and the emergency medical services council of such region and shall hold a public hearing to determine the necessity for such services. Written notice of such hearing shall be given to current providers in the geographic region where such new or expanded services would be implemented, provided, any volunteer ambulance service which elects not to levy charges for services rendered under this chapter shall be exempt from the provisions concerning requests for approval of permits for new or expanded emergency medical services set forth in this subsection. A primary service area responder that operates in the service area identified in the application shall, upon request, be granted intervenor status with opportunity for cross-examination.**]** Each applicant for licensure shall furnish proof of financial responsibility which the commissioner deems sufficient to satisfy any claim. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish satisfactory kinds of coverage and limits of insurance for each applicant for either licensure or certification. Until such regulations are adopted, the following shall be the required limits for licensure: (1) For damages by reason of personal injury to, or the death of, one person on account of any accident, at least five hundred thousand dollars, and more than one person on account of any accident, at least one million dollars, (2) for damage to property at least fifty thousand dollars, and (3) for malpractice in the care of one passenger at least two hundred fifty thousand dollars, and for more than one passenger at least five hundred thousand dollars. In lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this subsection, a single limit of liability shall be allowed as follows: (A) For damages by reason of personal injury to, or

death of, one or more persons and damage to property, at least one million dollars; and (B) for malpractice in the care of one or more passengers, at least five hundred thousand dollars. A certificate of such proof shall be filed with the commissioner. Upon determination by the commissioner that an applicant is financially responsible, properly certified and otherwise qualified to operate a commercial ambulance service, rescue service or management service, the commissioner shall issue the appropriate license effective for one year to such applicant. If the commissioner determines that an applicant for either a certificate or license is not so qualified, the commissioner shall notify such applicant of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application.

(b) A municipality located in a primary service area established by the commissioner pursuant to section 19a-177, as amended by this act, may assign licensed or certified ambulance service, rescue service or management service as a primary service area responder for the primary service area in which the municipality is located. The municipality shall notify the commissioner, in writing, of the assignment. In making such assignment, the municipality shall consider : (1) The size of the population to be served; (2) the effect of the proposed assignment on other emergency medical service organizations in the primary service area; (3) the geographic location of the proposed provider in relation to the primary service area to be served; (4) the proposed provider's willingness and ability to provide service to the area; (5) the proposed provider's record of response and activation times; and (6) such other factors as the municipality deems to be relevant to the provision of efficient and effective emergency medical services to the population in the primary service area. The municipality and the provider shall agree, in writing, to the terms of the assignment. Such agreement shall include, but not be limited to, a description of the circumstances under which another provider may receive first-call priority.

[(b)**]** (c) Any person, management service organization or emergency medical service organization **[**which**]** that does not maintain standards or violates regulations adopted under any section of this chapter applicable to such person or organization may have such person's or organization's license or certification suspended or revoked or may be subject to any other disciplinary action specified in section 19a-17 after notice by certified mail to such person or organization of the facts or conduct which warrant the intended action. Such person or emergency medical service organization shall have an opportunity to show compliance with all requirements for the retention of such certificate or license. In the conduct of any investigation by the commissioner of alleged violations of the standards or regulations adopted under the provisions of this chapter, the commissioner may issue subpoenas requiring the attendance of witnesses and the production by any medical service organization or person of reports, records, tapes or other documents which concern the allegations under investigation. All records obtained by the commissioner in connection with any such investigation shall not be subject to the provisions of section 1-210 for a period of six months from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter.

[(c)**]** (d) Any person, management service organization or emergency medical service organization aggrieved by an act or decision of the commissioner regarding certification or licensure may appeal in the manner provided by chapter 54.

[(d)**]** (e) Any person who commits any of the following acts shall be

guilty of a class C misdemeanor: (1) In any application to the commissioner or in any proceeding before or investigation made by the commissioner, knowingly making any false statement or representation, or, with knowledge of its falsity, filing or causing to be filed any false statement or representation in a required application or statement; (2) issuing, circulating or publishing or causing to be issued, circulated or published any form of advertisement or circular for the purpose of soliciting business **[**which**]** that contains any statement that is false or misleading, or otherwise likely to deceive a reader thereof, with knowledge that it contains such false, misleading or deceptive statement; (3) giving or offering to give anything of value to any person for the purpose of promoting or securing ambulance or rescue service business or obtaining favors relating thereto; (4) administering or causing to be administered, while serving in the capacity of an employee of any licensed ambulance or rescue service, any alcoholic liquor to any patient in such employee's care, except under the supervision and direction of a licensed physician; (5) in any respect wilfully violating or failing to comply with any provision of this chapter or wilfully violating, failing, omitting or neglecting to obey or comply with any regulation, order, decision or license, or any part or provisions thereof; (6) with one or more other persons, conspiring to violate any license or order issued by the commissioner or any provision of this chapter.

[(e)**]** (f) No person shall place any advertisement or produce any printed matter that holds that person out to be an ambulance service unless such person is licensed or certified pursuant to this section. Any such advertisement or printed matter shall include the license or certificate number issued by the commissioner.

[(f)**]** (g) Each licensed or certified ambulance service shall secure and maintain medical oversight, as defined in section 19a-175, by a sponsor hospital, as defined in section 19a-175, for all its emergency medical personnel, whether such personnel are employed by the ambulance service or a management service.

[(g)**]** (h) Each applicant whose request for new or expanded emergency medical services is approved shall, not later than six months after the date of such approval, acquire the necessary resources, equipment and other material necessary to comply with the terms of the approval and operate in the service area identified in the application. If the applicant fails to do so, the approval for new or expanded medical services shall be void and the commissioner shall rescind the approval.

[(h)**]** (i) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service that is licensed or certified and is a primary service area responder may apply to the commissioner to add one emergency vehicle to its existing fleet every three years, on a short form application prescribed by the commissioner. No such volunteer, hospital-based or municipal ambulance service may add more than one emergency vehicle to its existing fleet pursuant to this subsection regardless of the number of municipalities served by such volunteer, hospital-based or municipal ambulance service. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to add the additional emergency vehicle. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

[(i)**]** (j) The commissioner shall develop a short form application for primary service area responders seeking to add an emergency vehicle to their existing fleets pursuant to subsection **[**(h)**]** (i) of this section. The application shall require an applicant to provide such information

as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the primary service area where the additional vehicle is proposed to be used, (3) an explanation as to why the additional vehicle is necessary and its proposed use, (4) proof of insurance, (5) a list of the providers to whom notice was sent pursuant to subsection **[**(h)**]** (i) of this section and proof of such notification, and (6) total call volume, response time and calls passed within the primary service area for the one-year period preceding the date of the application.

Sec. 5. Section 19a-181b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) **[**Not later than July 1, 2002, each**]** Each municipality shall establish a local emergency medical services plan. Such plan shall include the written agreements or contracts developed between the municipality, its emergency medical services providers and the public safety answering point, as defined in section 28-25, that covers the municipality. The plan shall also include, but not be limited to, the following:

(1) The identification of levels of emergency medical services, including, but not limited to: (A) The public safety answering point responsible for receiving emergency calls and notifying and assigning the appropriate provider to a call for emergency medical services; (B) the emergency medical services provider that is notified for initial response; (C) basic ambulance service; (D) advanced life support level; and (E) mutual aid call arrangements;

(2) The name of the person or entity responsible for carrying out each level of emergency medical services that the plan identifies;

(3) The establishment of performance standards for each segment of the municipality's emergency medical services system; and

(4) Any subcontracts, written agreements or mutual aid call

agreements that emergency medical services providers may have with other entities to provide services identified in the plan.

(b) In developing the plan required by subsection (a) of this section, each municipality **[**: (1) May**]** may consult with and obtain the assistance of **[**its regional emergency medical services council established pursuant to section 19a-183, its regional emergency medical services coordinator appointed pursuant to section 19a-186a, its regional emergency medical services medical advisory committees and**]** any sponsor hospital, as defined in regulations adopted pursuant to section 19a-179, located in the area identified in the plan. **[**; and (2) shall submit the plan to its regional emergency medical services council for the council's review and comment.**]**

Sec. 6. Section 19a-181c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) As used in this section, "responder" means any primary service area responder that (1) is notified for initial response, (2) is responsible for the provision of basic life support service, or (3) is responsible for the provision of service above basic life support that is intensive and complex prehospital care consistent with acceptable emergency medical practices under the control of physician and hospital protocols.

(b) Any municipality may **[**petition the commissioner for the removal of**]** remove a responder **[**. A petition may be made (1) at any time if**]** based on an allegation that an emergency exists and that the safety, health and welfare of the citizens of the affected primary service area are jeopardized by the responder's performance, or **[**(2) not more often than once every three years, if**]** based on the unsatisfactory performance of the responder as determined based on the local emergency medical services plan established by the municipality pursuant to section 19a-181b, as amended by this act, and associated agreements or contracts. **[**A hearing on a petition under this section

shall be deemed to be a contested case and held in accordance with the provisions of chapter 54.**]** A municipality that seeks removal of a responder shall hold a hearing and allow the responder an opportunity to respond to the charges.

(c) If, after a hearing authorized by this section, the **[**commissioner**]** municipality determines that (1) an emergency exists and the safety, health and welfare of the citizens of the affected primary service area are jeopardized by the responder's performance, (2) the performance of the responder is unsatisfactory based on the local emergency medical services plan established by the municipality pursuant to section 19-181b and associated agreements or contracts, or (3) it is in the best interests of patient care, the **[**commissioner**]** municipality may revoke the primary service area responder's primary service area assignment and **[**require the chief administrative official of the municipality in which the primary service area is located to submit a plan acceptable to the commissioner for the alternative provision of primary service area responder responsibilities, or may issue an order for the alternative provision of emergency medical services, or both**]** appoint an alternate primary service area responder. A responder that has been removed by a municipality may appeal the decision to the Commissioner of Public Health.

Sec. 7. Section 19a-182 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) The emergency medical services councils shall advise the commissioner and municipalities on area-wide planning and coordination of agencies for emergency medical services for each region and shall provide continuous evaluation of emergency medical services for their respective geographic areas. A regional emergency medical services coordinator, in consultation with the commissioner, shall assist the emergency medical services council for the respective region in carrying out the duties prescribed in subsection (b) of this section. As directed by the commissioner, the regional emergency

medical services coordinator for each region shall facilitate the work of each respective emergency medical services council including, but not limited to, representing the Department of Public Health at any Council of Regional Chairpersons meetings.

(b) Each emergency medical services council shall develop and revise every five years a plan for the delivery of emergency medical services in its area, using a format established by the Office of Emergency Medical Services. Each council shall submit an annual update for each regional plan to the Office of Emergency Medical Services detailing accomplishments made toward plan implementation. Such plan shall include an evaluation of the current effectiveness of emergency medical services and detail the needs for the future, and shall contain specific goals for the delivery of emergency medical services within their respective geographic areas, a time frame for achievement of such goals, cost data for the development of such goals, and performance standards for the evaluation of such goals. Special emphasis in such plan shall be placed upon coordinating the existing services into a comprehensive system. Such plan shall contain provisions for, but shall not be limited to, the following: (1) Clearly defined geographic regions to be serviced by each provider including cooperative arrangements with other providers and backup services; (2) an adequate number of trained personnel for staffing of ambulances, communications facilities and hospital emergency rooms, with emphasis on former military personnel trained in allied health fields; (3) a communications system that includes a central dispatch center, two-way radio communication between the ambulance and the receiving hospital and a universal emergency telephone number; and (4) a public education program that stresses the need for adequate training in basic lifesaving techniques and cardiopulmonary resuscitation. Such plan shall be submitted to the Commissioner of Public Health no later than June thirtieth each year the plan is due.

Sec. 8. Section 19a-176 of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective October 1, 2013*):

The Department of Public Health shall be the lead agency for the state's emergency medical services program and shall be responsible for the planning, coordination and administration of a state-wide emergency medical care service system. The commissioner shall set policy and establish state-wide priorities for emergency medical services. **[**utilizing the services of the Department of Public Health and the emergency medical services councils, as established by section 19a-183.**]**

Sec. 9. Section 19a-178b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) The Commissioner of Public Health shall establish an Emergency Medical Services Equipment and Local System Development grant program. The program shall provide incentive grants for enhancing emergency medical services and equipment. The commissioner shall define the nature, description and systems designed for grant proposals.

(b) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to determine the entities eligible to receive grants under the grant program established pursuant to subsection (a) of this section. In determining eligibility, the commissioner shall consider: (1) The demonstrated need within the community; (2) the degree to which the proposal serves the emergency medical services system plan; and (3) the extent to which there is available adequate trained staff to carry out the proposal.

(c) The commissioner shall maintain a priority list of eligible proposals and shall establish a system setting the priority of grant funding. In establishing such a priority list and ranking system, the commissioner shall consider all relevant factors including, but not limited to: (1) The public health and safety; (2) the population affected; (3) the attainment of state emergency medical services goals and

standards; and (4) consistency with the state plan for emergency medical services.

[(d) The commissioner shall consult with the appropriate regional council by sending such council a copy of any grant proposal. The regional emergency medical services council shall review and comment upon any proposal. Each council shall indicate how the grant proposal addresses the regional emergency medical services plan established priorities. The commissioner shall consider the recommendation of the regional council when making a final grant determination.**]**

Sec. 10. Section 19a-187 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) All state agencies **[**which**]** that are concerned with the emergency medical service delivery system shall, to the fullest extent consistent with their authorities under state law administered by them, carry out programs under their control in such a manner as to further the policy of establishing a coordinated state-wide emergency medical service system.

(b) All such state agencies shall cooperate with the Office of Emergency Medical Services, and **[**the regional emergency medical service coordinators and**]** emergency medical services councils in developing the state emergency medical services program under this chapter.

(c) All state agencies concerned with the state-wide emergency medical services system shall cooperate with the appropriate agencies of the United States or of other states or interstate agencies with respect to the planning and coordination of emergency medical services.

(d) The Commissioner of Public Health and the trustees of The University of Connecticut may contract for the provision of medical

advice and consultation by The University of Connecticut Health Center to the Office of Emergency Medical Services. This subsection shall not affect the responsibilities of said University and health center under subsections (a), (b) and (c) of this section.

Sec. 11. Sections 19a-178a, 19a-183, 19a-184 and 19a-186 of the general statutes are repealed. (*Effective October 1, 2013*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2013*	19a-177
Sec. 2	*October 1, 2013*	19a-178
Sec. 3	*October 1, 2013*	19a-179a
Sec. 4	*October 1, 2013*	19a-180
Sec. 5	*October 1, 2013*	19a-181b
Sec. 6	*October 1, 2013*	19a-181c
Sec. 7	*October 1, 2013*	19a-182
Sec. 8	*October 1, 2013*	19a-176
Sec. 9	*October 1, 2013*	19a-178b
Sec. 10	*October 1, 2013*	19a-187
Sec. 11	*October 1, 2013*	Repealer section

Statement of Purpose:

To make changes to statutes concerning the provision of emergency medical services.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]